



Sheriff William E. Eckelberry
Seneca County Sheriff's Office



Ronald S. Green
Chief Deputy

Release of Information

I, _____
residing at _____, for the past _____ years,
have applied for employment with the Seneca County Sheriff Office.

I have been instructed and understand that a representative of the Seneca County Sheriff Office will be conducting a thorough investigation of my background to assist in determining my eligibility for this employment. I realize that, in conducting this background investigation, officers will be making inquiries of: officials and record offices at school which I have attended, physicians and/or other persons who may have examined or treated me for any physical or other type of illness or injury; police or courts with whom I may have an arrest record and/or financial standing; present and previous employers; and other person who may be able to provide information about me which the Seneca County Sheriff Office desires and requests.

I further release, discharge and exonerate the Seneca County Sheriff Office, its agents, officers, and representatives, and any person, agency, company, organization, or firm furnishing information from any and all liabilities of every nature arising out of the furnishing or inspection of such documents, records and other information, or the investigation made by or on behalf of the Seneca County Sheriff Office.

I understand that a screening committee will review my complete background investigation and determine my eligibility for appointment to the any position at the Seneca County Sheriff Office.

I recognize the right of the Seneca County Sheriff Office to treat, at its discretion, certain sources of information as confidential information sources, and information obtained therefrom.

Signature of Applicant

Date

SENECA COUNTY APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

Applicants for employment with Seneca County are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without discrimination based on race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

Applicants may request reasonable accommodations in the application/interview process.

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone ()	Social Security No.		
E-mail Address			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you a veteran?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Branch of Service:

PERSONAL DATA	
Position Applied for:	
Date Available to Start?	
Have you previously applied for a job with the County?	YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?
Have you ever been employed by the County?	YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?
Reason for Leaving:	
Are you related to anyone employed by the County?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name and relationship:	
Do you have a valid Ohio driver's license?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you presently have or are you willing to obtain a valid Ohio Commercial Driver's License?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Has your driver's license been suspended or revoked within the last 3 years?	YES <input type="checkbox"/> NO <input type="checkbox"/>
(License information will be considered only if such licensure is required to perform the duties of the position for which you are applying).	
Do you have any time commitments to another employer, individual or school which might interfere with your ability to perform the job?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please explain	
Have you ever been employed by the State or a County in Ohio?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, provide place and dates of service	
Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodations? (please refer to job description)	YES <input type="checkbox"/> NO <input type="checkbox"/>
If No, please explain	
Have you ever been dismissed from or asked to resign from any employment position?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes, please explain	

EDUCATION

High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

PREVIOUS EMPLOYMENT

Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Company		Phone ()		
Address		Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	

If employed, why do you wish to leave your present employer?

May we contact your present employer for a reference?

YES NO

PREVIOUS EMPLOYMENT (CONT.)

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

REFERENCES

Personal references other than former employers and relatives.

Full Name	Occupation
Company	Phone ()
Address	
Full Name	Occupation
Company	Phone ()
Address	
Full Name	Occupation
Company	Phone ()
Address	

CERTIFICATION AND SIGNATURE

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information. I also give my consent to contact the State Motor Vehicle Department for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

Signature	Date
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**Seneca County Sheriff's Office
3040 S. SR 100
Tiffin, Ohio 44883**